



Please Print

City of Fayetteville

Application for Employment

Date of application / /

Date application rec'd / /

We offer assistance to applicants who may need reasonable accommodations with the application and/or interview process. Please notify a representative of our Human Resources Department if you need assistance.

Position(s) applied for:

Name: First

Middle

Last

Address:

Street:

City:

ST:

Zip:

Telephone #:

Cell/Beeper #:

E-mail:

Have you previously been employed here?

☐ Yes ☐ No

Are you legally eligible for employment in this country?

☐ Yes ☐ No

Are you able to meet the attendance requirements of the position?

☐ Yes ☐ No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?

☐ Yes ☐ No

If yes, please provide date(s) and details _____

Date available for work _____

Type of employment desired ☐ Full-time ☐ Part-time ☐ Temporary ☐ Seasonal ☐ Ed.Co-Op

Drivers license number (if driving is an essential job function) _____ ST: _____

Employment History

Provide the following information of your past four (4) employers, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
SUPERVISOR/TITLE		JOB RESPONSIBILITIES	
IF STILL EMPLOYED, MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
SUPERVISOR/TITLE		JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
SUPERVISOR/TITLE		JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	
FROM	TO	EMPLOYER	TELEPHONE ()
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REASON FOR LEAVING		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
SUPERVISOR/TITLE		JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	

Skills and Qualifications

List any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying: _____

Educational Background

NAME AND LOCATION	NO. OF YRS COMPLETED	DID YOU GRADUATE?		NAME ON DIPLOMA
HIGH SCHOOL GED <input type="checkbox"/> yes				
COLLEGE		MAJOR	DEGREE	
OTHER				

References (Do Not Include Relatives)

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
	()	
	()	
	()	

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the City of Fayetteville is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application or immediately discharge me from the City of Fayetteville's service, whenever it is discovered.

I expressly authorize, without reservation, the City of Fayetteville its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the City of Fayetteville, it's agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the City of Fayetteville does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting to excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application will be retained by the City of Fayetteville for a period of 12 months. If I am not hired for the position applied, and wished to be considered for a new position, I must complete a new application.

If I am hired, I understand that I will be under probationary status/working test for a minimum of 12 months and that my employment can be terminated at will or without cause during this time except as may be required by law. I also understand that I am free to resign at any time, with or without cause and without prior notice. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the City of Fayetteville is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City of Fayetteville's City Manager.

I also understand that if I am hired, I will be required to provide proof of identify and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICATION STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Signature of applicant: _____ Date ____/____/____